

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth entered.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1935
State File No. 562
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 270 - Miami - Ariz.
City Miami No. Warrior Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Oliver George Dodson
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Aug. 29 - 1930
Month Day Year

8. FATHER Full name George W. Dodson 14. MOTHER Full maiden name Carrie J. Mitchell
9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday _____ (Years) 16. Color or race Cauc. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Oklahoma 13. Birthplace (city or place) Silver City, New Mex.
(State or country)

13. Occupation Nature of industry Mechanic 14. Occupation Nature of industry Housewife

20. Number of children of this mother 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lynel M. Brown M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year

Filled Oct 12, 1930 Registrar [Signature]

Registrar 645-824 343